LINDEN GRUVE - NEW DERLIN			
13755 WEST FIELDPOINTE DRIVE			
NEW BERLIN 53151 Phone: (262) 796-3660		Ownershi p:	Nonprofit Church-Related
Operated from $1/1$ To $12/31$ Days of Operation:	366	Hi ghest Level Li cense:	Skilled
Operate in Conjunction with Hospital?	Yes	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/00):	135	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/00):	135	Average Daily Census:	128
Number of Residents on 12/31/00:	127	g y	

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%				
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	% 	Age Groups	% 	Less Than 1 Year 1 - 4 Years	43. 3 41. 7
Supp. Home Care-Household Services	No	Developmental Disabilities	1.6	Under 65	1.6	More Than 4 Years	15. 0
Day Servi ces	No	Mental'Illness (Org./Psy)	21. 3	65 - 74	9. 4		
Respite Care	Yes	Mental Illness (Other)	0.8	75 - 84	34. 6		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	46. 5	***************	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	2.4	95 & 0ver	7. 9	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	1.6			Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No	Fractures	20. 5		100. 0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	16. 5	65 & 0ver	98. 4		
Transportation	No	Cerebrovascul ar	1.6			RNs	9. 6
Referral Service	No	Di abetes	4. 7	Sex	%	LPNs	6. 8
Other Services	No	Respi ratory	0. 0			Nursing Assistants	
Provi de Day Programming for		Other Medical Conditions	29. 1	Male	15. 7	Aides & Orderlies	45. 7
Mentally Ill	No			Female	84. 3		
Provi de Day Programming for			100. 0				
Developmentally Disabled	Yes				100. 0		
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Method of Reimbursement

		Medi (Titl			Medic (Title			0th	er	P	ri vate	Pay		Manage	ed Care		Percent
			Per Die	n		Per Die	m		Per Die	m		Per Diem	1		Per Diem	Total	Of All
Level of Care	No.	%	Rate	No	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	1	1. 3	\$130. 89	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	1	0. 8%
Skilled Care	10	100. 0	\$225.00	70	93. 3	\$111.35	Õ	0. 0	\$0.00	39		\$173.00	3	100. 0	\$225.00	$12\overline{2}$	96. 1%
Intermedi ate				3	4.0	\$91.81	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	3	2.4%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Dev. Di sabl ed				1	1.3	\$165.71	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	1	0.8%
Traumatic Brain Inj		0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Ventilator-Dependen	t 0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Total	10	100.0		75	100. 0		0	0.0		39	100.0		3	100.0		127	100.0%

Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Deaths During Reporting Period Total % Needing Assi stance of Activities of % Totally Percent Admissions from: Number of Private Home/No Home Health 3.4 Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents Private Home/With Home Health 3.4 Baťhi ng 0.0 49.6 50. 4 127 Other Nursing Homes 2. 1 Dressi ng 7. 1 47. 2 45.7 127 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Transferring 24.4 51.2 81.5 24. 4 127 Toilet Use 52.0 0.7 18. 9 29. 1 127 0.0 Eati ng *********** 44.9 33.9 21.3 127 Other Locations 8.9 Total Number of Admissions 146 Continence Special Treatments Receiving Respiratory Care Receiving Tracheostomy Care Receiving Suctioning Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 4.7 5. 5 Private Home/No Home Health 14. 1 Occ/Freq. Incontinent of Bladder 65. 4 0.8 Private Home/With Home Health 9. 2 Occ/Freq. Incontinent of Bowel **58**. 3 0.0 Other Nursing Homes 6. 3 0.0 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 6.3 Mobility 1.6 Physically Restrained 7.9 0.7 37.0 0.0 Other Locations 14.8 Skin Care Other Resident Characteristics Deaths 48.6 With Pressure Sores 7. 1 Have Advance Directives 99. 2 Total Number of Discharges With Rashes Medi cati ons 0.0 Receiving Psychoactive Drugs 142 36. 2 (Including Deaths)

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

	Thi s	Al l			
	Facility	Based Facilities	Faci	lties	
	%	% Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	94. 8	87. 5 1. 08	84. 5	1. 12	
Current Residents from In-County	64. 6	83. 6 0. 77	77. 5	0. 83	
Admissions from In-County, Still Residing	20. 5	14. 5 1. 42	21. 5	0. 96	
Admissions/Average Daily Census	114. 1	194. 5 0. 59	124. 3	0. 92	
Di scharges/Average Daily Census	110. 9	199. 6 0. 56	126. 1	0. 88	
Discharges To Private Residence/Average Daily Census	25. 8	102. 6 0. 25	49. 9	0. 52	
Residents Receiving Skilled Care	96. 9	91. 2 1. 06	83. 3	1. 16	
Residents Aged 65 and Older	98. 4	91. 8 1. 07	87. 7	1. 12	
Title 19 (Medicaid) Funded Residents	59 . 1	66. 7 0. 89	69. 0	0. 86	
Private Pay Funded Residents	30. 7	23. 3 1. 32	22. 6	1. 36	
Developmentally Disabled Residents	1.6	1.4 1.15	7. 6	0. 21	
Mentally Ill Residents	22. 0	30. 6 0. 72	33. 3	0. 66	
General Medical Service Residents	29. 1	19. 2 1. 52	18. 4	1. 58	
Impaired ADL (Mean)*	57. 8	51. 6 1. 12	49. 4	1. 17	
Psychological Problems	36. 2	52. 8	50. 1	0. 72	
Nursing Care Required (Mean)*	6. 5	7. 8 0. 83	7. 2	0.91	